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NO. 5054 P. 1

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U.S. Patent and Trademark Office Examiner: Phillip Gambel, Ph.D. Group Art Unit: 1644	(703) 872-9305	(703) 872-9307

From : Stacy L. Taylor  
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Sender's Direct Dial : 858.847.6720  
Date : October 21, 2003  
Client/Matter No : 041673-2069  
User ID No : 3054

Applicant: Thomas J. Kipps  
Title: NOVEL EXPRESSION VECTORS CONTAINING ACCESSOR MOLECULE LIGAND  
GENES AND THEIR USE FOR IMMUNOMODULATION AND TREATMENT OF  
MALIGNANCIES AND AUTOIMMUNE DISEASE

Application No.: 08/982,272  
Filing Date: December 1, 1997  
Examiner: Phillip Gambel  
Art Unit: 1644

**Documents enclosed:**

Notice of Appeal (in duplicate) 4 pages.

10/29/2003 10:00:00 AM 00000001 500012 10/29/2003  
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[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	<input type="checkbox"/>	= 0	x	\$18.00	= \$0.00
Independents:	<u>1</u>	<u>7</u>	= <u>0</u>	x	<u>\$84.00</u>
First presentation of any Multiple Dependent Claims:			+	\$280.00	= \$0.00
CLAIMS FEE TOTAL:					= \$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ]	Extension for response filed within the first month:	\$110.00	\$0.00
[ X ]	Extension for response filed within the second month:	\$410.00	\$410.00
[ ]	Extension for response filed within the third month:	\$930.00	\$0.00
[ ]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[ ]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$410.00
[ ]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$410.00
[ X ]	Small Entity Fees Apply (subtract 1/2 of above):		\$205.00
TOTAL FEE:			\$205.00

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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By

\_\_\_\_\_

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Stacy L. Taylor

Attorney for Applicant

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